

MIAMI COUNTY PUBLIC TRANSIT



DISCRIMINATION COMPLAINT FORM

The Miami County Public Transit is committed to ensuring that no person is excluded from participation in or denied the benefits of these services on the basis of race, color, national origin, sex, age, disability, low-income status, or limited English proficiency. Discrimination complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Your Name: _____

Address: _____

City, state, zip code: _____

Telephone number: (home) _____ (cell) _____ (work) _____

Are you filing this complaint on your own behalf? Yes ___ No ___ If no, please indicate the name of the person for whom you are filing and why you have filed for a third party: _____

Please indicate why you believe the alleged discrimination occurred:

☐ Race ☐ Color ☐ National Origin (*Race, Color, National Origin fall under Title VI-Civil Rights Act of 1964*)

☐ Gender/Sex ☐ Age ☐ Disability ☐ Low-Income Status ☐ Limited English Proficiency

Date, time, and location (bus # if applicable) of alleged discriminatory actions. Please include earliest date, place and most recent date: _____

Please describe the circumstances as clearly as possible. What happened and why do you believe you were discriminated against? (e.g., race, age, disability etc.): _____

Were there any witnesses? Yes___No___ If yes, provide their name(s) and phone number(s):

What remedy are you requesting? Please be specific: _____

Have you filed this complaint with any other agencies (federal, state, or local)? Yes___No___

Agency:_____Date Filed:_____

Address:_____

Contact Name:_____Phone Number:_____

Please provide any additional information that you believe is relevant to this complaint; attach additional documentation which supports your allegations if needed._____

Sign and date this form and send all documents to:

Miami County Public Transit
2036 N. County Rd. 25A
Troy, OH 45373
Phone: (937) 440-5488

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature:_____Date:_____

***Note-we cannot accept an unsigned complaint form**